Based on review of current literature, there is evidence of a significant false positive rate associated with this testing. The Division has formally adopted the guidelines of the International Spine Intervention Society (ISIS) for what constitutes a positive discogram. These include:

1. Discogenic pain at the target disc with a negative control disc;
2. Grade 3 fissure on post discogram CT scanning
3. Manometry with the following criteria: if concordant pain production occurs at less than 15 psi above opening pressure the study is positive; if pain production occurs at 15-50 psi above opening pressure the study is intermediate; and if pain production occurs at more than 50 psi above opening pressure the study is negative.

All of the required information must be documented by the provider in the medical record for the Division to consider the results of a discogram as a positive finding.

Attached is a sample report that demonstrates the necessary information. Reproduced with permission from Mountain View Regional Hospital, (2014).

December, 2014
The patient reported his preprocedure pain in his low back pain and left leg pain.

The L2-3 disc was negative during provocative discography. Contrast was seen and maintained within the disc nucleus.

The L3-4 disc was negative during provocative discography. Contrast was seen and maintained within the disc with some spread into the inner third of the annulus.

The L4-5 disc was negative during provocative discography. Contrast was seen leaking through the posterior annulus into the epidural space.

The L5-S1 disc produced concordant back and left leg pain. Contrast was seen spreading throughout the posterior annulus with contrast also spreading into the epidural space.